

POTENTIAL EQUIPMENT VENDOR

Return or fax this form to the Gila National Forest Contracting Office at the address below.

COMPANY NAME: _____

DUNS: _____

SMALL BUSINESS STATUS: _____ 8(a); _____ HUBZone; _____ SDVOSB; _____ WOSB

NAME OF CONTACT: _____

COMPANY PHYSICAL ADDRESS: _____

CITY, STATE, ZIP CODE: _____

MAILING ADDRESS, IF DIFFERENT: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

DESCRIPTION OF EQUIPMENT INCLUDING YEAR, MAKE, MODEL, VIN OR SERIAL NUMBER, HP FOR HEAVY EQUIPMENT, CAPACITY FOR WATER TRUCKS, ETC. (OR ATTACH A LIST OF AVAILABLE EQUIPMENT)

Send to:
Gila N.F. AQM Office
3005 E. Camino Del Bosque
Silver City, NM 88061

Fax: 575-388-8342